



DEPARTMENT OF THE NAVY
DIRECTOR NAVAL RESERVE INFORMATION SYSTEMS OFFICE
4403 DAUPHINE STREET
NEW ORLEANS, LOUISIANA 70146-5401

NAVRESINFOSYSOFFINST 5530.1
N252
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NAVRESINFOSYSOFFINST 5530.1

Subj: PHYSICAL SECURITY PROGRAM

Ref: (a) OPNAVINST 5530.14B
(b) NAVSUPPACTNRLNSINST 5510.5G
(c) NAVSUPPACTNRLNSINST 5530.5
(d) NAVSUPPACTNRLNSINST 344.5A

Encl: (1) OPNAV 5527/8, Telephonic Threat Complaint
(2) Missing, Loss, Stolen or Recovered (MLSR)
Questionnaire
(3) DD Form 200 Financial Liability Investigation

1. Purpose. To publish guidance and procedures for the Physical Security and Loss Prevention Program within the Naval Reserve Information Systems Office (NAVRESINFOSYSOFF) per references (a) through (d). This plan augments the Naval Support Activity (NAVSUPPACT) New Orleans Physical Security Plan, reference (c). The Physical Security Program is a part of the total Security Plan at NAVRESINFOSYSOFF and addresses the protection of personnel and property.

2. Responsibilities.

a. The Director has the overall responsibility for the Physical Security Program.

b. The Security Manager is the principal advisor to the Director and is responsible for the management of the Physical Security Program.

c. The Physical Security Officer reports to the Security Manager and is responsible for maintaining regular contact with the Physical Security Review Committee (PSRC). Specific duties are outlined in reference (a).

d. Members of the PSRC will be designated in writing and shall advise and assist in the implementation of the Physical Security and Loss Prevention Program at NAVRESINFOSYSOFF which includes :

Security Manager (Chairperson)
Physical Security Officer
Personnel Security Officer
Information Systems Security Manager
Facilities Office Representative

(1) Committee members or their representatives will meet quarterly. Minutes of the meeting will be made a matter of record and retained until the completion of the Inspector General (IG) Inspection cycle or three years, whichever is greater.

(a) Determine security requirements for NAVRESINFOSYSOFF.

(b) Advise on establishment of security areas.

(c) Review Loss Prevention Subcommittee (LPS) tabulation of losses and meeting summaries.

(d) Review reports of significant losses and breaches of security and recommend improvements or changes to the Physical Security and Loss Prevention Plan.

(2) The Security Manager or a representative will attend NAVSUPACT New Orleans Physical Security Board meetings semiannually per reference (c).

(a) The LPS will be appointed by the Chairperson, PSRC and shall be staffed by members of the PSRC and meetings shall coincide.

(b) Ensure summaries of LPS meetings are presented at PSRC meetings and a copy appended to PSRC minutes.

3. Physical Security Survey. An in-house formal assessment of the physical security of NAVRESINFOSYSOFF's property and its operation is designed to show the Director what security measures are in effect.

a. Upon receipt of independent threat information, the Security Manager will promptly notify the servicing Naval Criminal Investigative Services (NCIS) component so that follow-up action may be initiated. Follow-up action will generally consist of NCIS attempting to obtain details regarding the perceived threat.

b. The Physical Security Officer will contact the local NIS office on an annual basis to obtain the latest area threat assessment available.

4. Bomb Threats. per reference (b), all threats will be presumed serious.

a. Threats received by phone.

(1) Attract the attention of a nearby co-worker to advise that a threat is being received. Have them notify the Security Manager or Physical Security Officer. After working hours, the Commander, Naval Reserve Force watch section should be notified.

(2) Gather as much information as possible using OPNAV 5327/8, Telephonic Threat Complaint, enclosure (1).

(3) Ensure the Security Manager or Physical Security Officer has been notified.

(4) Personnel in the threatened area shall make a brief search of their immediate work space for any unfamiliar boxes, bags, briefcases, etc.

(5) The Security Manager will notify NSA Police and the Deputy Director and evacuation procedures will be initiated.

(a) Employees must secure all classified documents in their work spaces.

(b) Employees will leave the building, using all fire drill procedures.

(c) Employees should report any person(s) failing to leave or attempting to enter the building after evacuation to Base Security.

(d) Employees will not reenter the building until authorized by Base Security.

b. Threats received by letter or note. Try to identify or get a good description of the messenger and any vehicle involved.

(1) Note the time of delivery.

(2) Carefully place the note or letter into an envelope.

(3) Immediately contact the Security Manager or the Physical Security Officer.

(4) The Security Manager will assess the situation and notify NSA Police and the Deputy Director.

5. Destructive Weather and Hurricane Coordination.

NAVRESINFOSYSOFF personnel will comply with the provisions of reference (d) with regard to destructive weather conditions.

6. Medical Accident and Incident. All NAVRESINFOSYSOFF personnel will respond to medical emergencies occurring within their purview.

a. During regular working hours, first, notify the Eastbank Security Office x1880, then call emergency services (dial 9 for a dial tone then 911).

7. Restricted Areas. All restricted areas within NAVRESINFOSYSOFF are to be posted as "Restricted Area."

8. Key Security and Lock Control Program.

a. The Physical Security Officer has been designated by letter as the Key Control Custodian.

(1) Maintain the Command's overall Key Control Program.

(2) Maintain keys in a locked-key cabinet located in the NAVRESINFOSYSOFF Security Office, Room 215, Bldg 601.

(3) Issue keys only to those persons approved by the Security Manager and Department Director.

(4) Maintain a system showing keys on hand, keys issued, to whom, date and time the keys are issued and returned, and the signatures of person(s) checking out or returning a key.

(5) Perform spot checks and inventory of all keys at least annually.

9. ID Card and Access Control Program for Card System.

a. All ID/Access cards will be issued from the Security Office.

b. Department Heads must sign the ID Request Form indicating the level of access required by the employee. The forms are available in the Security Office.

c. Contractor Personnel should submit the ID Request to their supervisor to obtain the proper access level.

d. The supervisor should then forward the request to their Contract Representative for signature and verification of contract expiration date. The request should then be returned to the NAVRESINFOSYSOFF Security Office for processing.

10. Security of NAVRESINFOSYSOFF Equipment.

a. When an office space is vacant during non-duty hours, doors will be secured and access controlled to secure electric typewriters, calculators, Personal Computers (PCS), etc.

b. Video recorders, television, film projectors, etc., will be stored in spaces to which access is controlled during normal duty hours. After normal duty hours, these items will be secured in a locked room and key control procedures instituted.

11. Missing, Loss, Stolen, or Recovered (MLSR) Government Property Reporting.

a. The reporting of all MLSR government property is the responsibility of all NAVRESINFOSYSOFF personnel.

b. The Physical Security Officer is the MLSR Coordinator.

(1) Serialized property valued at \$100 or more; lesser valued serialized items lost in the same incident, with a total value of \$100 or more. Value is current market or Government price, whichever is more.

(2) Unserialized property value at \$800 or more; lesser valued unserialized items lost in the same incident, with a total value of \$800 or more.

(3) Other unserialized property considered "sensitive items" regardless of the actual or estimated value. Sensitive items are materials requiring a high degree of protection and control such as precious metals, drugs, high technology devices, and classified material.

(4) Appropriated fund items, excluding items for resale. Dollar value limits previously mentioned apply.

(5) Items in transit of military or commercial carriers, in temporary storage, and all other items in the custody of the Department of the Navy. Dollar value limits above apply.

(6) Losses or gains discovered by inventory of materials in store accounts will be reported if they meet above dollar values.

c. The Command Investigator will conduct a preliminary fact finding investigation and notify the local NSA security force and the local NCIS office.

d. The Command Investigator will submit, Missing, Lost, Stolen and Recovered Questionnaire (MLSR), enclosure (2), DD Form 200, Financial Liability Investigation, enclosure (3), to the NCIS Officer conducting the investigation.

(1) Retain copies of MLSR Questionnaire and DD Form 200.

(2) Maintain a continuing loss analysis and serial number control log by calendar year based on all. Report loss trends to the Security Manager with recommendations for corrective action.

(3) Coordinate with the Security Manager and NCIS to ensure investigations, evidence, reports, statements, etc., are

properly prepared and acceptable in federal, state and local courts.

12. Administrative Inspection.

a. Hand carried items are subject to inspection prior to entering and departing NAVRESINFOSYSOFF spaces.

b. Inspections will be conducted randomly as directed by the Director.

c. Stairwells and elevators are considered outside of the Command for the purpose of transferring classified material or government property.

d. Authorized entry into any NAVRESINFOSYSOFF space constitutes consent to search personnel and property under their control.

13. Barricaded Subject or Hostage Situation. NAVRESINFOSYSOFF personnel will comply with the provisions of reference (a) with regard to barricaded subject or hostage situations.

a. NAVSUPPACT New Orleans will take charge of the operations.

b. Base Security will be immediately notified of any and all such situations.

c. NAVRESINFOSYSOFF security personnel will coordinate with Base Security to ensure timely evacuation of NAVRESINFOSYSOFF spaces if directed by the on-scene-commander.

14. Reproduction Controls.

a. The Director shall designate the Classified Material Control Officer as the official who will:

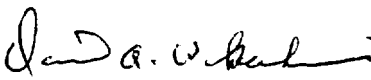
(1) Approve all requests to reproduce secret material.

(2) Ensure that all reproduction prohibition requirements are disseminated throughout the Command.

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(3) Ensure the reproduction of secret material is kept to an absolute minimum.

15. Training. The Physical Security Officer will ensure that physical security training is provided to all NAVRESINFOSYSOFF personnel.



D. A. WIKENHEISER

Distribution: (NAVRESINFOSYSOFF 5216.1)

List A

List B

List C

TELEPHONIC THREAT COMPLAINT

IF BOMB THREAT, ASK THE CALLER

- WHEN IS THE BOMB TO GO OFF?
- WHERE IS THE BOMB TO GO OFF?
- WHAT KIND OF BOMB IS IT?
- WHAT DOES THE BOMB LOOK LIKE?
- WHERE ARE YOU CALLING FROM?

1. COMMAND

a. Name & Address

b. Phone No.

2. COMPLAINANT

a. Name

3. PERSON RECEIVING CALL

a. Name

b. Date & Place of Birth

c. Command Name & Address

d. Phone Number
(Work) (Home)

4. TELEPHONE CALL RECEIVED ON

a. Phone Number (Include area code)

b. Location

c. Phone number listed in ("x" all that apply)

☐ Command Directory☐ Base Directory☐ Local Directory☐ Unlisted☐ Other (list)

5. DETAILS OF CALL

a. Date

b. Day of Week

c. Time

6. CONTEXT OF CONVERSATION

a. Recipient "

b. Caller "

c. Recipient "

d. Caller "

e. Recipient "

f. Caller "

7. BACKGROUND NOISES (Describe street sounds, voices, music, etc. If more space is needed, continue on reverse.)

8. INFORMATION ABOUT CALLER/VOICE CHARACTERISTICS

a. Sex

b. Age

c. Race

d. Accent

e. Educational Level

f. Attitude (Calm, Nervous, Serious)

g. Other

9. WERE THERE ANY WITNESSES TO THE CALL?

☐ No☐ Yes (List name)

10. DO YOU HAVE ANY SUSPICION AS TO THE IDENTITY OF THE CALLER?

☐ No☐ Yes (List name)

11. NOTIFICATION OF AUTHORITY ("X" all notified)

☐ CO☐ XO☐ OOD☐ Security☐ NISRA☐ Telephone Company☐ EOD☐ Fire Dept

MLSR QUESTIONNAIRE

1. _____
(Name of Department Director/staff assistant submitting questionnaire, code, and phone number.)
2. Incident status:

INITIAL _____ PENDING _____ FINAL _____ SUPPLEMENTAL _____
3. Property (One incident may involve more than one item. List each item separately. Use attached sheet if required.)
 - a. Indicate whether missing _____ lost _____ stolen _____ or recovered _____
 - b. Item name _____
 - c. Manufacturer's model/serial number _____
 - d. National Stock Number (NSN) _____ and plant/minor property number _____

 - e. Actual or estimated replacement value _____
4. Accountability (Whether or not the event involved negligence or non-compliance.)
 - a. Indicate whether there was disregard of established policies/procedures or neglect or dereliction of duty _____
 - b. Rank/rate and grade of personnel involved _____
 - c. Disciplinary/administrative action planned or taken _____

 - d. Specific measures planned or taken to prevent recurrence _____

5. Investigation (Report action taken to initiate investigation).
 - a. Identify Naval Investigative Service (NIS) agent contacted and date reported _____
 - b. Preliminary action taken by NIS _____

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 136; 10 USC 2775; DoD Instruction 7200.10; EO 9397.

PRINCIPAL PURPOSE: To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

1. DATE INITIATED (YYMMDD)		2. INQUIRY / INVESTIGATION NUMBER		3. DATE LOSS DISCOVERED (YYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION	6. QUANTITY	7. UNIT COST	8. TOTAL COST	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)		<input type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		b. TYPED NAME (Last, First, Middle Initial)		c. AUTOVON / DSN NUMBER	
		d. SIGNATURE		e. DATE SIGNED	
12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT / SUSPECTED (X one)		b. COMMENTS / RECOMMENDATIONS			
(1) Yes (2) No					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)		e. AUTOVON / DSN NUMBER	
		f. SIGNATURE		g. DATE SIGNED	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one)		b. COMMENTS / RATIONALE		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one)	
(1) Approve				(1) Yes (2) No	
(2) Disapprove					
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. AUTOVON / DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	
14. APPROVING AUTHORITY					
a. ACTION (X one)		b. COMMENTS / RATIONALE		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)	
(1) Approve				(1) Yes (2) No	
(2) Disapprove					
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. AUTOVON / DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	

15. FINANCIAL LIABILITY OFFICER**a. FINDINGS AND RECOMMENDATIONS** (Attach additional pages as necessary)

b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	f. TYPED NAME (Last, First, Middle Initial)	g. AUTOVON / DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY (YYMMDD)	i. DATE APPOINTED (YYMMDD)
	j. SIGNATURE	k. DATE SIGNED

16. INDIVIDUAL CHARGED**a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND (X one)**

<input checked="" type="checkbox"/> (1) Submit the attached statement of objection.	<input type="checkbox"/> (2) Do not intend to make such a statement.
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b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.

c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	d. TYPED NAME (Last, First, Middle Initial)	e. SOCIAL SECURITY NUMBER
	g. SIGNATURE	h. DATE SIGNED
f. AUTOVON / DSN NUMBER		

17. ACCOUNTABLE OFFICER**a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD**

b. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	c. TYPED NAME (Last, First, Middle Initial)	d. AUTOVON / DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED